

Application to Test AHCCCS Fee-For-Service Remittance Advice

I am volunteering to test the AHCCCS Administration's new electronic Fee-For-Service Remittance Advice.

I understand that I will continue to receive a paper copy of my Remittance Advice during this testing process. I further understand that my reimbursement check(s) will continue to be delivered by the U.S. Postal Service to the pay-to address(es) on file with the AHCCCS Administration Provider Registration Unit.

Provider/Group Name: _____

AHCCCS Provider Identification Number: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: () _____ Fax: () _____

Name of Contact Person: _____

Email address where
Remittance Advice will be sent: _____

Signature of Provider
Or Authorized Representative: _____

Date: _____

Mail this form to: Lori A. Petre
AHCCCS Claims Administrator
701 E. Jefferson St.
MD 8200
Phoenix, AZ 85034

or

Fax this form to: Lori A. Petre
AHCCCS Claims Administrator
(602) 253-5472